U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1. File Number U - 2. Fiscal Year Covered From: O O O Through: 12 3 O	1 / /3 /10-	LY BEFORE PREPARING THIS REPORT.			
2. Fiscal Year Covered From: 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name DISTRICT NO. 1- PCD, CMECH, ARL-CD Lebor Organization File Number 2. Doc, Box, Bidgin, Room No., if any SUITE SOO Street YUY NORTH CARITOL STAW City NASHING-TON State DC 2P Code 4 2000 5. Position in labor organization. LECAL REFRESENTATIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following intorests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7. A. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned knowledge and belief, true, correct, and compilete. (See the section on penalties in the Instructions.)					
3. Name and address of person filing. Name DISTRICT NO. 1- PCD, MERT, AFC-CI Lebor Organization File Number, and address of labor organization. Name DISTRICT NO. 1- PCD, MERT, AFC-CI Lebor Organization File Number OUG-SEI P.O. Box, Bidg., Room No., if any SUITE BOO P.O. Box, Bidging and Room Number, if any SUITE BOO Street YYY NORTH CAPTOL STAW State DC ZIP Code+4 ZWW State DC ZIP Code+4 ZWW State DC ZIP Code+4 ZWW Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or the conomic benefit of monetary Value from an employee was your organization represents or is active economic benefit of monetary value from an employee whose employees your organization represents or is active economic benefit of monetary value from an employee whose employees your organization represents or is active economic benefit of monetary value from an employee whose employees your organization represents or is active economic benefit of monetary value from an employee whose employees your organization represents or is active economic benefit of monetary value from an employee whose employees your organization represents or is active economic benefit of monetary value from an employee whose employees your organization represents or is active economic benefit of monetary value from an employee whose employees your organization represents or is active economic benefit of monetary value from an employee whose employees your organization represents or is active economic benefit of monetary value from a member of the law, that all of the Information on the property was expensed by the signatory and is, to the best of the undersigned knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	, and a delinated and				
3. Name and address of person filing. Name DITITION P.O. Box, Bidg., Room No., if any SUITE BOO Street YYY NORTH CAPLOS P.O. Box, Building and Room Number, if any SUITE BOO Street YYY NORTH CAPLOS P.O. Box, Building and Room Number, if any SUITE BOO Street YYY NORTH CAPLOS P.O. Box, Building and Room Number, if any SUITE BOO Street YYY NORTH CAPLOS P.O. Box, Building and Room Number, if any SUITE BOO Street YYY NORTH CAPLOS P.O. Box, Building and Room Number, if any SUITE BOO Street YYY NORTH CAPLOS P.O. Box, Building and Room Number, if any Suite P.O. Box, Building and Room Number, if any Suite P.O. Box, Building and Room Number, if any State P.O. Box, Building and Room Number, if any State P.O. Box, Building and Room Number, if any P.O. Box, Buildi	1. File Number U - 63-3				
Name DOYLE Name DOYLE Name DOYLE Labor Organization File Number OLG SE	/	01/01/04 Through: 12/31/04			
P.O. Box, Bidg., Room No., if any SUITE 800 Street UUU NORTH CARITOL ST, AW City WASHINGTON, DC State DC ZIP Code +4 2000) State DC ZIP Code +4 2000 State DC ZIP Code +4 2000) State DC ZIP Code +4 2000 T.a. Nature of interest, Transaction, or income. 7.b. Amount. Street City State ZIP Code +4 2000 Signature and verification. The undersigned declars, under penalty of Perigury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
P.O. Box, Bidg., Room No., if any SUITE SOO Street UUU NORTH CARTOL STAW City WASHINGTON, DC State DC ZIP Code +4 ZOW State DC ZIP Code +4 ZOW State DC ZIP Code +4 ZOW 5. Position in labor organization. LELAL REFLESEOTE TVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 8. Name and address of Employer (including trade name, if any). Name Trade Name, if any: Street ZIP Code +4 Signature 7.b. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name WIIIAM & DOYLE	Name DISTRICT NO. 1- PCD, MERA, AFC- CTO			
Street QUY NORTH CARITOL ST AW City WASHINGTON, DC State DC ZIP Code +4 2000 State DC ZIP Code		Labor Organization File Number 066-581			
City WASHINGTON, DC State DC ZIP Code +4 QWW) State DC ZIP Code +4 QWW) State DC ZIP Code +4 QWW The appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or develor income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bldg., Room No., if any SUITE 800	P.O. Box, Building and Room Number, if any Sui7E 800			
State DC ZIP Code +4 2000] State DC ZIP Code +4 20001 5. Position in labor organization. LECAL REFLECTORTIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Slate ZIP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Street 444 NORTH CAPITOL ST, NIW	Street 444 NORTH CAPITOL ST., NVS			
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State Signature Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bldg., Room No., if any	7 b Amount			
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
1111 - 8,00	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the				
Signed Date Telephone Number	Signed Mille Pulyl	On 8-8.05 202-638-535.5 Telephone Number			

Name of Person Filing William P. Doyce	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists o	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name MESA BENEFIT PLANS Trade Name, if any: BENEFIT PLANS P.O. Box, Bldg., Room No., if any Street 1007 CASTERN AVE. City BALTIMORE State MD ZIP Code + 4 21302	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name MESA BENET IT BLANS Trade Name, if any: BENET FLANS P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. MERA-BENEFIT OLANS ARE A JOINTLY- TRUSTEED MUITIEMPloyer benefit plans that provide benefits to farticipents represented by MEBA
Street 1007 EASTERN AVE	11.b. Approximate dollar value of such dealing. \$109.91
City BALTIAWEE	12.a. Nature of interest held or income received.
State <u>MD</u> ZIP Code + 4 2/20 2	The amount identified in Box 116 is for two dinners with the BUARD of Trustees that I was required to ATTEND, A Summary of those reimbursed amounts is arrached here to. See 116
	12.b. Amount. SEE 116 & 12a
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above)
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a, Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
processing growth and a second growth and a se	14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

MEBA Medical and Benefits Plan 2004 LM-10, LM-30 Reports

		Acct/Vendor	Date	/	Amount	
<u>Name</u>	<u>Plan</u>	Number	<u>Paid</u>		<u>Paid</u>	<u>Explanation</u>
William Doyle				\$	45.23	04/04 BOT Meeting Dinner
William Doyle				\$	64.68	10/04 BOT Meeting Dinner
				\$	109.91	

Name of Person Filing WIIIAM V. DOYCE	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name BEINS, AXELROD, XRAFT, Glesson & GIBSUN Trade Name, if any: BAKEG, P.C. P.O. Box, Bidg., Room No., if any Sulfe 704 Street 1717 MASS AVE, NW City WASHING TON State DC ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. BAKEG IS A LAW FIRM where the MEBA GENERAL Counsel IS A GARTNER. THE FIRM provides all facets of representation of members, contracts, arbitrations, negotiations etc. 11.b. Approximate dollar value of such dealing. 12.a. Nature of Interest held or income received. Their were 2 Ambieluts refortable one was for Dinner (2 later to the Arbitration of MEBA VS. MTL. The other was for a meal in connection with the sale of the Union's SAN FRANCISCO Property.				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street City					
State ZIP Code + 4	*** The state of t				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				